

# **Quarterly Data Report Requirements**

## **APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198**

### **Introduction**

This report is designed to meet the requirements for quarterly reporting for the FCC's Rural Health Care Pilot Program as described in FCC Order 07-198 for the Western Carolina University (WCU) Project.

In the fall of 2007, an award notification was made of a Rural Health Care Pilot Project to Western Carolina University. Identified partners were the Eastern Band of Cherokees and the Jackson County Public Health Department. After considerable deliberation, WCU administration determined that the project was not mission appropriate and began the search for an appropriate lead entity with experience in multi-jurisdictional, multi-faced projects.

In early spring 2008, Bill Gibson was contacted to determine Southwestern Commission's level of interest and ability to become the lead entity for the Western Carolina University project. During the months of April and May 2008, Gibson and other Southwestern Commission staff invested energy toward:

- understanding the proposed project,
- communicating with partners and individuals named in the initial proposal,
- contacting other potential partners/beneficiaries,
- seeking funding commitments to cover a portion of anticipated administrative costs, (An application was submitted in June 2008 to the Appalachian Regional Commission requesting \$68,000 to assist in project administration. The application is still under review.), and
- assembling the concurrence needed to initiate transfer of lead entity status from WCU to Southwestern Commission (transfer approved mid-June 2008).

Preliminary discussions have begun with Leonard Winchester, IT consultant, to determine available broadband infrastructure, service providers, etc. It is anticipated that Mr. Winchester will be employed as a consultant on this project. A meeting with Gary Bowers, Executive Director of the WNC Health Network (the Network), is scheduled for August 7, 2008. The Network is "a collaboration of hospitals and other health care providers to support the delivery of cost-effective quality health services".

### **1. Project Contact and Coordination Information**

- a. Identify the project leader(s) and respective business affiliations.

The project's coordinator is Bill G. Gibson, Executive Director of the Southwestern North Carolina Planning and Economic Development Commission d/b/a Southwestern Commission. The Associate Project Coordinator is Vicki Greene, Assistant Director of the Southwestern Commission.

- b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

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- c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

Southwestern North Carolina Planning and Economic Development Commission d/b/a Southwestern Commission.

- d. Explain how project is being coordinated throughout the state or region.

Southwestern Commission (the Commission) is the regional council of governments serving Cherokee, Clay, Graham, Haywood, Jackson, Macon and Swain Counties. The Commission has a forty year history in the design, coordination and administration of multi-faceted, multi-disciplinary projects. The Commission collaborates with its sister councils of government in western North Carolina on housing, workforce, and other issues and projects.

Commission staff is working with Gary Bowers, Executive Director of the WNC Health Network, to assure that the project will serve public hospitals in western North Carolina and to the east, as funding permits.

## **2. Identify all health care facilities included in the network.**

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
- b. For each participating institution, indicate whether it is:
- i. Public or non-public;
  - ii. Not-for-profit or for-profit;
  - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

Questions under heading number 2 cannot be answered at this time. The application for the Rural Health Care Pilot Program listed many ineligible recipients as potential beneficiaries. We anticipate serving up to 16 public hospitals in western North Carolina, and perhaps more. Hopefully, a list of health care providers will be available for the second report, once Letters of Agency have been signed and subscription agreements executed.

**3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:**

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;
- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
- e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

We have not completed the competitive bidding process at this time.

**4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.**

- a. Health care provider site;
  - b. Eligible provider (Yes/No);
  - c. Type of network connection (e.g., fiber, copper, wireless);
  - d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
  - e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
  - f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
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- g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.
  - h. Provide a logical diagram or map of the network.

No sites are connected to the network at this time.

**5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.**

- a. Network Design
- b. Network Equipment, including engineering and installation
- c. Infrastructure Deployment/Outside Plant
  - i. Engineering
  - ii. Construction
- d. Internet2, NLR, or Public Internet Connection
- e. Leased Facilities or Tariffed Services
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
- g. Other Non-Recurring and Recurring Costs

No funds of any type have been expended on the costs listed above.

**6. Describe how costs have been apportioned and the sources of the funds to pay them:**

- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

- b. Describe the source of funds from:
  - i. Eligible Pilot Program network participants
  - ii. Ineligible Pilot Program network participants
- c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).
  - i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
  - ii. Identify the respective amounts and remaining time for such assistance.
- d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

Questions a – c cannot be answered at this time. However, in the construction and operation phase of the network, we plan to use a subscription model in which eligible sites provide the required 15% matching funds from their own sources and a small fee to support program management activities.

**7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.**

Currently we do not plan to offer service to ineligible entities.

**8. Provide on update on the project management plan, detailing:**

- a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

This is the first report submitted by Southwestern Commission for the Western Carolina University project. The leadership is identified under #1 above.

- b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

Southwestern Commission has been identified as the lead entity for this project for approximately 6 weeks. Our efforts have been focused on securing funding for project administration and examining the role of consultants in the RFP design. Over the next quarter, we will develop a detailed project plan and schedule as outlined under b above.

**9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.**

Not applicable. Unknown at this time.

**10. Provide detail on how the supported network has advanced telemedicine benefits:**

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

Not applicable. We cannot answer these questions at this time.

**11. Provide detail on how the supported network has complied with HHS health IT initiatives:**

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and
- f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

Not applicable. We cannot answer these questions at this time.

**12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.**

The public hospitals of our anticipated network are expected to be operational during a disaster for normal services and in support of disaster response. As we work more closely with the WNC Health Network in the design and implementation of the project, we will be more able to answer this question.